Instructions for completing report:

1. Print all information except signatures.
2. Answer all questions to the best of your knowledge. Give facts only. Do not guess or assume.
3. When multiple choices are provided, select the best choice.
4. Refer to your vehicle as vehicle #1, other vehicle as #2, #3, and so forth.
5. If more than two (2) vehicles were involved, more than two (2) persons were injured, or property belonging to more than one (1) person was damaged, use another report completing the appropriate sections.
6. Sign each report. Then seal report(s) in an envelope and mail to R.I. D.M.V. Safety Responsibility Section.
7. Complete location information as shown in example below. Print one letter per box; leave a blank between each word. Do not use periods or commas.

AT INTERSECTION

ACCIDENT OCCURRED ON (PRINT NAME OF STREET OR HIGHWAY)
21 PARK AVE

ACCIDENT OCCURRED IN (NAME OF CITY OR TOWN)
41 CRANSTON

IF AT INTERSECTION (NAME OF INTERSECTING STREET OR HIGHWAY)
60 WELLINGTON AVE

IF NOT AT AN INTERSECTION

23 HOW MANY FEET FROM NEAREST INTERSECTION

28 IN WHAT DIRECTION
N ☐ S ☐ E ☐ W ☐ FROM

29 NAME NEAREST INTERSECTING STREET OR HIGHWAY

NOT AT INTERSECTION

ACCIDENT OCCURRED ON (PRINT NAME OF STREET OR HIGHWAY)
21 MAIN AVE

ACCIDENT OCCURRED IN (NAME OF CITY OR TOWN)
41 PROVIDENCE

IF AT INTERSECTION (NAME OF INTERSECTING STREET OR HIGHWAY)
60

IF NOT AT AN INTERSECTION

23 HOW MANY FEET FROM NEAREST INTERSECTION
125

28 IN WHAT DIRECTION
N ☐ S ☐ E ☒ W ☐ FROM

29 NAME NEAREST INTERSECTING STREET OR HIGHWAY
DUNCAN AVE

FOR USE BY INSURANCE COMPANY ONLY

RETURN THIS FORM ONLY IF NO STANDARD POLICY WAS IN EFFECT AS ALLEGED BY MOTORIST.

With regard to an automobile liability insurance policy for the policyholder named on the reverse side hereof, the undersigned insurance company advised you in accordance with the items checked below:

☐ 1. No policy was in effect on the date of the accident.
☐ 2. Our policy for the named policyholder applies to him as the operator but it does not apply to the owner of the vehicle involved in the accident
☐ 3. Our policy applies to the owner of the vehicle, but does not apply to the operator of the vehicle involved in the accident.
☐ 4. Our policy affords bodily injury coverage only.
☐ 5. Our policy affords property damage coverage only.

To: STATE OF RHODE ISLAND & PROVIDENCE PLANTATIONS
DIVISION OF MOTOR VEHICLES
286 MAIN STREET
PAWTUCKET, RI 02860

Remarks:

Date _____

_____
NAME OF INSURANCE COMPANY

By _____
AUTHORIZED REPRESENTATIVE

RHODE ISLAND DEPARTMENT OF TRANSPORTATION

MOTOR VEHICLE ACCIDENT REPORT

Under Rhode Island Law:

1. This report must be filed with the Division of Motor Vehicles by the vehicle operator (or by the vehicle owner if operator is physically incapable) within twenty-one (21) days of the date of any motor vehicle accident resulting in death, personal injury ,or damage to the property of any one (1) person in excess of one thousand dollars ($1,000). Failure to file as required may result in criminal prosecution and/or suspension of the operator's license.
2. This report is confidential and may nor be used as evidence in civil or criminal courts; it is made without prejudice to the person reporting. This report is not available as public information, it may be used in Division of Motor Vehicles enforcement of the Safety Responsibility Act. Some information is extracted (names and dates) and made available to insurance companies for use in establishing individual rates.
3. False statements made on this report are illegal and punishable by a one thousand dollar ($1,000.00) maximum fine and/or one (1) year maximum imprisonment.

RETURN TO: STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DIVISION OF MOTOR VEHICLES
286 MAIN STREET
PAWTUCKET, RI 02860

READ INSTRUCTIONS

COMPLETE ALL SECTIONS

Incomplete Forms Will Be Returned To Sender

RHODE ISLAND MOTOR VEHICLE ACCIDENT INSURANCE INFORMATION

DO NOT WRITE IN THIS SPACE
CASE NO.

Date of Accident: Place of Accident:

DESCRIPTION OF VEHICLE INVOLVED IN ACCIDENT MUST CORRESPOND TO VEHICLE 1 ON ACCIDENT REPORT

Vehicle Make: Type:	Year:	Vehicle Identification Number:	
Name of Operator: Street Address:	City or Town:	State/Zip:	
Name of Owner: Street Address:	City or Town:	State/Zip:	
Name of Insurance Company (Not Agent): Policy Number:	Effective Period:		
Name of Policyholder: Street Address:	City or Town:	State/Zip:	
Name of Insurance Agent Who Issued Policy: Street Address:	City or Town:	State/Zip:	
Your Signature: X	Date Signed:		

SR-21 Rev. 1/83

This Accident Should Be Reported Directly to Your Insurance Agent. Failure to Report May Jeopardize Your Auto Liability Insurance.

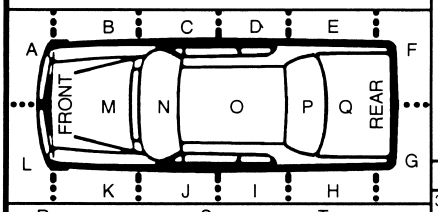
VEHICLE DAMAGE

APPROXIMATE COST TO REPAIR VEHICLE 1 — 20

FOR EACH VEHICLE INVOLVED, CIRCLE ON THE DIAGRAM THE LETTER OR LETTERS INDICATING THE DAMAGED AREA

APPROXIMATE COST TO REPAIR VEHICLE 2

VEHICLE NO. 1 DAMAGE — 24



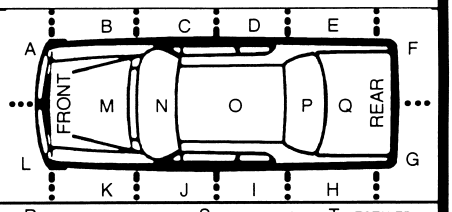
R = UNDERCARRIAGE S = ROLLOVER T = TOTALED

USE THIS SPACE TO SKETCH DAMAGE TO TRAILERS OR MOTORCYCLES

IF TRAILER IN TOW, SHOW REGISTRATION AND STATE

34 — 40 (STATE) — TOWED BY VEHICLE NO. ☐ — 42

VEHICLE NO. 2 DAMAGE



R = UNDERCARRIAGE S = ROLLOVER T = TOTALED

OCCUPANT INFORMATION

FOR YOUR VEHICLE PROVIDE THE FOLLOWING SEAT BELT INFORMATION

OCCUPIED SEATS

INDICATE THE SEATS OCCUPIED
FOR SIX-PASSENGER AUTOS USE 1 - 6
FOR NINE-PASSENGER WAGONS OR VANS USE 1-9
FOR BUCKET SEATS IN FRONT USE 1 AND 3
FOR BUCKET SEATS IN REAR USE 4 AND 6
FOR MOTORCYCLES USE 1 AND 4

43

EJECTION

FOR EACH OCCUPIED SEAT INDICATE WHETHER THE OCCUPANT WAS THROWN FROM THE VEHICLE BY PLACING THE PROPER CODE IN THE PROPER SEAT LOCATION

1 — NOT THROWN
2 — PARTIALLY THROWN
3 — TOTALLY THROWN
4 — UNKNOWN

52

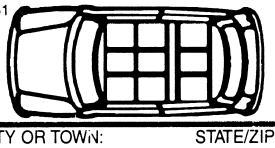
SEAT BELT USE

FOR EACH OCCUPIED SEAT, ENTER THE SEAT BELT USE CODE IN THE PROPER SEAT LOCATION

1 — BELTS USED
2 — BELTS NOT USED
3 — BELTS NOT INSTALLED
4 — BELTS FAILED
5 — USE UNKNOWN

FOR MOTORCYCLES
6 — HELMETS USED
7 — HELMETS NOT USED
8 — USE UNKNOWN

61

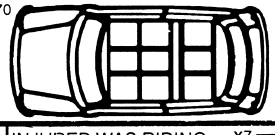


SEAT BELT TYPE

FOR EACH OCCUPIED SEAT, ENTER THE SEAT BELT TYPE CODE IN THE PROPER SEAT LOCATION

1 — LAP BELT
2 — SHOULDER HARNESS
3 — LAP/SHOULDER COMBINATION
4 — CHILD RESTRAINT
5 — OTHER

70



80 [4]

INJURED

NAME OF INJURED: (FIRST, MIDDLE INITIAL, LAST) — STREET ADDRESS: — CITY OR TOWN: — STATE/ZIP:

INJURED WAS RIDING IN VEHICLE NO. X7 ☐

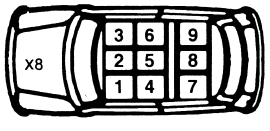
X0 AGE ☐☐ — X2 SEX M 1 F 2 — X3 WAS INJURED A CHILD IN LAP OF ADULT? YES 1 NO 2

ACCIDENT SEVERITY CONDITION AT SCENE OF ACCIDENT X4
1 ☐ FATAL
2 ☐ BLEEDING OR BROKEN BONES
3 ☐ BRUISES OR ABRASIONS
4 ☐ COMPLAINT OF PAIN

PERSON INJURED X6
1 ☐ PEDESTRIAN
2 ☐ PEDALCYCLIST
3 ☐ PASS IN BUS
4 ☐ OTHER
5 ☐ VEHICLE OPERATOR
6 ☐ VEHICLE PASSENGER
7 ☐ MOTORCYCLE OPER
8 ☐ MOTORCYCLE PASS

SHOW SEAT OCCUPIED BY INJURED

X8



80 [5]

NAME OF INJURED: (FIRST, MIDDLE INITIAL, LAST) — STREET ADDRESS: — CITY OR TOWN: — STATE/ZIP:

INJURED WAS RIDING IN VEHICLE NO. X7 ☐

X0 AGE ☐☐ — X2 SEX M 1 F 2 — X3 WAS INJURED A CHILD IN LAP OF ADULT? YES 1 NO 2

ACCIDENT SEVERITY CONDITION AT SCENE OF ACCIDENT X4
1 ☐ FATAL
2 ☐ BLEEDING OR BROKEN BONES
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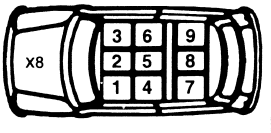
PERSON INJURED X6
1 ☐ PEDESTRIAN
2 ☐ PEDALCYCLIST
3 ☐ PASS IN BUS
4 ☐ OTHER
5 ☐ VEHICLE OPERATOR
6 ☐ VEHICLE PASSENGER
7 ☐ MOTORCYCLE OPER
8 ☐ MOTORCYCLE PASS

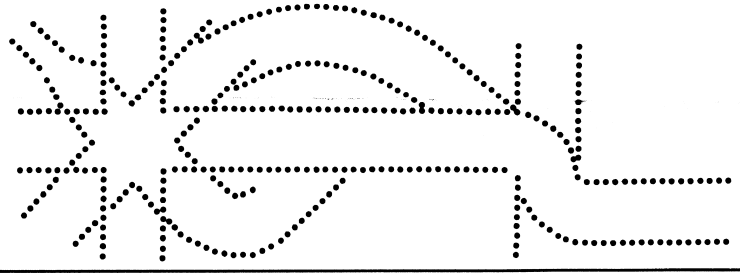
SHOW SEAT OCCUPIED BY INJURED

X8



80 [5]

COLLISION DIAGRAM



INDICATE ON THIS DIAGRAM WHAT HAPPENED:

USE ONE OF THE OUTLINES TO DESCRIBE THE SCENE OF THE ACCIDENT SHOWING STREET NAME AND HIGHWAY NUMBERS

1 NUMBER EACH VEHICLE AND SHOW DIRECTION OF TRAVEL BY ARROW --

2 USE SOLID LINES FOR BEFORE ACCIDENT AND BROKEN LINES FOR AFTER

3 SHOW PEDESTRIAN BY →●

4 SHOW RAILROAD BY ╫╫╫╫╫╫

5 SHOW DISTANCE AND DIRECTION TO LANDMARKS OR OTHER IDENTIFYING FEATURES

6 SHOW NORTH BY ARROW →

○ INDICATE NORTH BY ARROW

DESCRIBE WHAT HAPPENED -- REFER TO VEHICLES BY NUMBER:

FOR OFFICIAL USE ONLY:

EDIT BY: _____

DATE: _____

BOTH SIDES OF THIS REPORT MUST BE COMPLETED

OPERATOR'S SIGNATURE: (THIS REPORT MUST BE SIGNED)

X

DATE:

MOTOR VEHICLE ACCIDENT REPORT
DIVISION OF MOTOR VEHICLE SAFETY RESPONSIBILITY SECTION

DO NOT WRITE IN THIS SPACE
CASE NO. 1

LOCATION & TIME

MONTH 7 | DAY 9 | YEAR 11 | DAY OF WEEK: ☐ SUNDAY ☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY ☐ SATURDAY | HOUR 13 | MIN 15 | 17 AM ☐ 1 PM ☐ 2

TOTAL VEHICLES INVOLVED 18 | TOTAL INJURED INVOLVED 19 | TOTAL PEDESTRIANS INVOLVED 20

ACCIDENT OCCURRED ON (PRINT NAME OF STREET OR HIGHWAY) 21

ACCIDENT OCCURRED IN (NAME OF CITY OR TOWN) 41

IF AT INTERSECTION (NAME OF INTERSECTING STREET OR HIGHWAY) 60 | 80 [1]

IF NOT AT AN INTERSECTION

23 HOW MANY FEET FROM NEAREST INTERSECTION

28 IN WHAT DIRECTION N ☐ 1 S ☐ 2 E ☐ 3 W ☐ 4 FROM

29 NAME NEAREST INTERSECTING STREET OR HIGHWAY

ENVIRONMENTAL CONDITIONS

LIGHT CONDITION 46
1 ☐ DAYLIGHT
2 ☐ DAWN OR DUSK
3 ☐ DARK - ROAD LIGHTED
4 ☐ DARK - NOT LIGHTED

WEATHER 47
1 ☐ CLEAR
2 ☐ FOGGY
3 ☐ CLOUDY
4 ☐ RAINING
5 ☐ SNOWING
6 ☐ SLEETING

ROAD SURFACE 48
1 ☐ DRY
2 ☐ WET
3 ☐ SNOWY
4 ☐ ICE
5 ☐ FRESH OIL
6 ☐ OTHER ____

ROAD CONDITION 49
1 ☐ NO DEFECTS
2 ☐ HOLES, RUTS, BUMPS
3 ☐ FOREIGN MATTER
4 ☐ DEFECTIVE SHOULDER
5 ☐ UNDER CONSTRUCTION
6 ☐ OTHER ____

TRAFFIC CONTROLS PRESENT 50
1 ☐ STOP SIGN
2 ☐ YIELD SIGN
3 ☐ WARNING SIGN
4 ☐ SIGNAL LIGHT
5 ☐ FLASHING LIGHT
6 ☐ R.R. CROSSING GATE
7 ☐ R.R. AUTOMATIC SIGNAL
8 ☐ OFFICER OR FLAGMAN
9 ☐ CONTROL NOT WORKING
0 ☐ NO CONTROL PRESENT

ACCIDENT CONDITIONS

ACCIDENT INVOLVED COLLISION WITH 51
1 ☐ PEDESTRIAN
2 ☐ PEDALCYCLE
3 ☐ NO COLLISION - RAN OFF ROAD
4 ☐ MOVING VEHICLE
5 ☐ VEHICLE STOPPED IN ROAD
6 ☐ PARKED MOTOR VEHICLE
7 ☐ FIXED OBJECT
8 ☐ OBJECT IN ROAD
9 ☐ NO COLLISION - OVERTURNED
0 ☐ OTHER ____

PEDESTRIAN ACTION 52
1 ☐ ENTERING OR CROSSING ROAD
2 ☐ MOVING WITH TRAFFIC
3 ☐ MOVING AGAINST TRAFFIC
4 ☐ STANDING IN ROAD
5 ☐ GETTING ON/OFF VEHICLE
6 ☐ PUSHING OR WORKING ON VEHICLE
7 ☐ PLAYING IN ROADWAY
8 ☐ WORKING IN ROADWAY
9 ☐ HITCHHIKING
0 ☐ OTHER ____

COLLISION TYPE 53
1 ☐ SIDESWIPE - OPPOSITE DIRECTION
2 ☐ SIDESWIPE - SAME DIRECTION
3 ☐ HEAD-ON
4 ☐ BROADSIDE
5 ☐ ANGLE
6 ☐ REAR END
7 ☐ OTHER
8 ☐ HIT AND RUN

PROP. DAMAGE

DESCRIBE NON-VEHICLE PROPERTY DAMAGE

DAMAGED BY VEHICLE NO. 56

NAME AND ADDRESS OF PROPERTY OWNER

APPROXIMATE COST TO REPAIR 57 | 80 [2]

YOUR VEHICLE VEHICLE NO. 1

OPERATOR'S NAME (FIRST, MIDDLE INITIAL, LAST) | 7 DATE OF BIRTH MO. / DAY / YEAR | 9 SEX M 1 F 2 | 10 OPERATOR'S LICENSE NUMBER | 21 STATE | 23 DIRECTION OF TRAVEL N ☐ 1 S ☐ 2 E ☐ 3 W ☐ 4

RESIDENCE ADDRESS (NO. AND STREET, CITY OR TOWN, AND STATE/ZIP) | 24 VEHICLE REGISTRATION NUMBER | 32 STATE

VEHICLE OWNER (COMPLETE NAME AND ADDRESS) | 34 VEHICLE IDENTIFICATION NUMBER (VIN)

57 VEHICLE MAKE | 66 MODEL | 73 YEAR | REGISTRATION CLASSIFICATION (PASSENGER, COMMERCIAL, MOTORCYCLE, CAMPER, ETC.) 75 | VEHICLE NO. 79 | 80 [3]

OTHER VEHICLE

OPERATOR'S NAME (FIRST, MIDDLE INITIAL, LAST) | 7 DATE OF BIRTH MO. / DAY / YEAR | 9 SEX M 1 F 2 | 10 OPERATOR'S LICENSE NUMBER | 21 STATE | 23 DIRECTION OF TRAVEL N ☐ 1 S ☐ 2 E ☐ 3 W ☐ 4

RESIDENCE ADDRESS (NO. AND STREET, CITY OR TOWN, AND STATE/ZIP) | 24 VEHICLE REGISTRATION NUMBER | 32 STATE

VEHICLE OWNER (COMPLETE NAME AND ADDRESS) | 34 VEHICLE IDENTIFICATION NUMBER (VIN)

(CITY OR TOWN, AND STATE/ZIP) | 57 VEHICLE MAKE | 66 MODEL | 73 YEAR | REGISTRATION CLASSIFICATION (PASSENGER, COMMERCIAL, MOTORCYCLE, CAMPER, ETC.) 75 | VEHICLE NO. 79 | 80 [3]

ACCIDENT INFORMATION

IF FIXED OBJECT, OBJECT COLLIDED WITH 7
01 ☐ MEDIAN BARRIER
02 ☐ GUARD RAIL
03 ☐ CURBING
04 ☐ ABUTMENT
05 ☐ SIGNPOST
06 ☐ UTILITY OR LIGHT POLE
07 ☐ TREE
08 ☐ EMBANKMENT
09 ☐ DITCH
10 ☐ ROCK OR LEDGE
11 ☐ STONE WALL OR FENCE
12 ☐ BRIDGE RAIL
13 ☐ CONSTRUCTION BARRIER
14 ☐ OTHER FIXED OBJECT

DESTINATION OF YOUR TRIP PRIOR TO ACCIDENT 9
1 ☐ HOME
2 ☐ WORK
3 ☐ SHOPPING
4 ☐ SCHOOL
5 ☐ RECREATION
6 ☐ SOCIAL
7 ☐ BUSINESS
8 ☐ OTHER ____

YOUR VEHICLE
MILEAGE READING 11

WHAT WAS YOUR VEHICLE DOING PRIOR TO ACCIDENT? 16
01 ☐ MAKING RIGHT TURN
02 ☐ MAKING LEFT TURN
03 ☐ MAKING U-TURN
04 ☐ STRAIGHT AHEAD
05 ☐ PASSING ON RIGHT
06 ☐ PASSING ON LEFT
07 ☐ STOPPED AT STOP SIGN
08 ☐ SKIDDING
09 ☐ SLOWING/STOPPING
10 ☐ CROSSING MEDIAN
11 ☐ MOVING VEH - NO DRIVER
12 ☐ BACKING
13 ☐ STARTING IN TRAFFIC
14 ☐ STARTING FROM PARK
15 ☐ PARKED
16 ☐ PARKING
17 ☐ STALLED/DISABLED
18 ☐ STALLED/DISABLED WITH FLASHERS ON
19 ☐ ENTERING/EXITING FROM DRIVEWAY
20 ☐ OTHER

VEHICLE FAILURE 18
1 ☐ BRAKE FAILURE
2 ☐ LIGHT FAILURE
3 ☐ STEERING FAILURE
4 ☐ TIRE FAILURE
5 ☐ NO FAILURES
6 ☐ OTHER

VISUAL OBSTRUCTIONS 19
1 ☐ TREES, SHRUBS, CROPS
2 ☐ BUILDING
3 ☐ EMBANKMENT
4 ☐ SIGN OR BILLBOARD
5 ☐ PARKED VEHICLE
6 ☐ VISION NOT BLOCKED
7 ☐ OTHER

INSURANCE INFORMATION

WAS AUTO LIABILITY INSURANCE IN EFFECT ON THE DATE OF THE ACCIDENT? IF "YES" COMPLETE ATTACHED FORM — YES ☐ NO ☐

NAME OF INSURANCE COMPANY: (NOT AGENT) | POLICY NUMBER: | POLICY EFFECTIVE DATE: FROM ____ TO ____

NAME OF POLICYHOLDER: | STREET ADDRESS: | CITY OR TOWN | STATE/ZIP

-COMPLETE BOTH SIDES OF THIS REPORT-

DMVSAF-1 Rev. 1/83